DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Eider Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: Isb@dhw.idaho.gov

March 30, 2010

RICHARD M. ARMSTRONG - Director

Michael Day, Administrator Independent Living Services-- Five Mile PO Box 6395 Boise Idaho 83711

RE: Independent Living Services-- Five Mile, Provider #13G006

Dear Mr. Day:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Independent Living Services Five Mile, on March 23, 2010.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

ERIC MUNDELL

Health Facility Surveyor

in mindly

Facility Fire Safety and Construction Program

EM/lj

Enclosure

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 03/26/2010 FORM APPROVED MB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVI	CES			OMB NO	0. 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		13G006	13G006			03/2	03/23/2010	
	ROVIDER OR SUPPLIER NDENT LIVING SEF	RVICES - FIVE MILE	1736 N	DRESS, CITY, S I. FIVE MIL , ID 83704				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	HOULD BE COMPLETION	
K 000	INITIAL COMMENTS			K 000				
	built in 1978. The fan automatic fire spaces. There is a system installed. Clicensed for 12 bed  The facility was fou compliance with aprequirements set for 2000 edition, Chap Board and Care Or Evacuation Capabi  The annual fire/life by:  Eric Mundell REHS Health Facility Surv	and to be in substanticable fire/life safety orth in the Life Safety ter 33, Existing Residuction (Company), Impractical lity and 42 CFR 483. Safety survey was considered to the safety survey.	poitable tection is al y Code, dential I 470.					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 03/26/2010 FORM APPROVED

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING B. WING\_ 13G006 03/23/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

INDEPENDENT LIVING SERVICES - FIVE MILE

1736 N. FI∨E MILE ROAD

	BOIS	SE, ID 83704		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
M 000	16.03.11 Inital Comments	M 000		
	The facility is a single story, type V (000) build built in 1978. The facility is protected by an automatic fire sprinkler system in habitable spaces. There is a fire alarm/smoke detection system installed. Currently the building is licensed for 12 beds.  The facility was found to be in substantial compliance with applicable fire/life safety requirements set forth in the Life Safety Code 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability and IDAPA 16.03.11 Regoverning Intermediate Care Facilities for the Mentally Retarded (ICF-MR).  The annual fire/life safety survey was conducted by:  Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	ding e n		
				Till a did trocker

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE